

MOULTONBOROUGH RECREATION DEPARTMENT

PO Box 411 – 10 Holland • Moultonborough • NH 03254

Phone (603)476-8868 • FAX (603)476-2607

Website www.moultonboroughnh.gov

REGISTRATIONS DUE BY JUNE 8th

PARTICIPANT INFORMATION

Participant Information:

Child's Name: _____ Birth Date: ____/____/____ Male _____ Female _____

Age: _____ Grade 2011-2012: _____ Nickname: _____

Shirt Size: (circle one) **YS** **YM** **YL** (14-16) **AS** **AM** **AL**

Swimming Ability: (circle one) non-swimmer beginner competent

Parent Information:

First Name: _____ Last Name: _____

Primary Summer Phone: _____ Cell Phone: _____

Mailing Address _____

PROGRAM REGISTRATION

☐ Happy Campers \$65 ☐ Recking Crew \$65 ☐ Teen Adventure \$45 ☐ Recking/Teen Combo \$80

Your child is special because:

Are you a: ☐ Year Round Resident ☐ Summer Resident ☐ Non-resident (additional \$25)

RELEASE OF LIABILITY / PHOTO RELEASE/ NOTIFICATION

I hereby agree to release, discharge and hold harmless, the Moultonborough Recreation Department, its employees and volunteers from any liabilities that may occur while participating in the recreational activity listed above. I understand that participation in any recreational or sport activity involves risk. I further understand that the Moultonborough Recreation Department does not provide accident or medical insurance for its program participants. I give permission for the staff or volunteers of the Moultonborough Recreation Department to contact the rescue squad for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that none of the before named relations can be reached I hereby give permission to the attending physician to administer whatever care he/she deems necessary for the safety of my child. I give my permission to have my child's photo taken during this program and used for publicity purposes by the Moultonborough Recreation Department. By signing this I am willing to be a part of "One Call Tell All" that will inform me of changes and cancelations to the programs run by the recreation department.

I have read this Indemnity agreement and understand its terms.

X _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE

DATE